

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DERRICK RANKINE		COURT CASE NUMBER C.A.#03-313	
DEFENDANT Lt Bertolino		TYPE OF PROCESS	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Bertolino		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) SCI Somerset, 1600 Walters Mill Rd. Somerset PA. 15510		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
DERRICK RANKINE EU5850 SCI-FAYETTE P.O. BOX 9999 LABELLE PA. 15510		Number of parties to be served in this case	
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Lt. Bertolino works at SCI-Somerset and is the RHU Lieutenant at SCI-Somerset 1600 Walters Mill Rd Somerset PA. 15510.

Signature of Attorney or other Originator requesting service on behalf of: Derrick Rankine	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 9/29/05
--	---	------------------	------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee 50	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges 50	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
--------------------------	---	----------------	----------------------------	------------------	---

REMARKS:

MAILED 10/6/05
12/29/05 RETURNED TO COURT UNEXECUTED - NO RESPONSE TO WAIVER BY MAIL

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

